

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NextGen Climate Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00547349
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Clear Channel Outdoor		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014
Mailing Address 99 Park Ave FI 2		Amount 31950.00
City New York	State NY	Zip Code 10016-1602
Purpose of Expenditure Billboard Advertising	Category/Type 004	Transaction ID : VNTPK9PABD8 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Joni Ernst		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Des Moines Register		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014
Mailing Address 400 Locust St Ste 500		Amount 20190.45
City Des Moines	State IA	Zip Code 50309-2355
Purpose of Expenditure Advertisement	Category/Type 004	Transaction ID : VNTPK9PAD33 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Joni Ernst		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	52140.45
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Rita Copeland**[Electronically Filed]*

Date

MM / DD / YYYY
09 / 18 / 2014

Signature

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(Schedule E)

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FOR SE OF FORM 24/48			

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Waterfront Strategies, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 3050 K St NW Ste 100		Amount 2242240.00	
City Washington	State DC	Zip Code 20007-5122	Transaction ID : VNTPK9P9C75 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Television Advertising	Category/ Type 004		
Name of Federal Candidate Cory Gardner		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 3274408.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Waterfront Strategies, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 3050 K St NW Ste 100		Amount 31651.89	
City Washington	State DC	Zip Code 20007-5122	Transaction ID : VNTPK9PB1P7 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Television Production - ESTIMATE	Category/ Type 004		
Name of Federal Candidate Cory Gardner		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 3274408.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2273891.89
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2326032.34

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland

[Electronically Filed]

Date

MM / DD / YYYY
09 / 18 / 2014

Signature